

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10/791,000
APPLICANT(S)

FILED DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
2	X	X					
3			X				
4				X			
5					X		
6						X	
7			X				
8				X			
9					X		
10						X	
11			X				
12				X			
13					X		
14						X	
15							
16			X				
17					X		
18	X	X					
19							
20			X				
21				X			
22					X		
23						X	
24							
25							
26				X			
27			X				
28					X		
29						X	
30							
31			X				
32				X			
33					X		
34						X	
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46							
47							
48							
49							
50							
TOTAL IND.	3		4				
TOTAL DEP.	7		18				
TOTAL CLAIMS	30		22				

CLAIMS	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
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